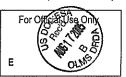
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/1 4/15	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Teri Muroff	Name I.U.P.A.T. District Council No. 9 AFL-CIO		
	Labor Organization File Number 006-770		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 5613 Catalpa Avenue	Street 45 West 14th Street		
City Ridgewood	City New York		
State New York ZIP Code + 4 11385	State New York ZIP Code + 4 10011-7419		
5. Position in labor organization. Executive Board			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of			
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	None.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	■ 数数数 はおおおとればなるのはなるない。 いっというはいはいはいはいはいないが、またというだけは、それは、それは、ないでは、ことには、ことには、ことには、ことには、ことには、ことには、ことには、ことに		
P.O. Box, Bldg., Room No., if any	7 h America		
Street Street	7.b. Amount.		
	7.b. Amount.		
Street			
Street City ZIP Code + 4			
Street City ZIP Code + 4	ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the		
Street City State ZIP Code + 4 Sign 15. Signature and verification / he undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)		
Street City State ZIP Code + 4 Sign 15. Signature and verification / he undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing Teri Muroff	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	**************************************	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	None:		
Street	11.b. Approximate dollar value of such dealing.	\$0	
City	12.a. Nature of interest held or income receive	Es demando visitado de metano estado a estado construente de escreta de estado estado en el construente de escreta de de e	
State ZIP Code + 4	None:		
	12.b. Amount.	\$0	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
	None.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	şo	